

## CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED WOTULO, ERICK		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 1:06-000020-001		4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. WOTULO		8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Extradition Cases
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.					
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request Authorization to obtain the service. Estimated Compensation: \$ _____ OR Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services not covered by the Appropriation.)  Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address: _____  Telephone Number: _____					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)			14. TYPE OF SERVICE PROVIDER 01 Investigator                      20 Legal Analyst/Consultant 02 <input checked="" type="checkbox"/> Interpreter/Translator            21 Jury Consultant 03 Psychologist                      22 Mitigation Specialist 04 Psychiatrist                      23 Duplication Services (See Instructions) 05 Polygraph Examiner            24 Other (specify) _____ 06 Documents Examiner 07 Fingerprint Analyst 08 Accountant 09 CALR (Westlaw/Lexis, etc) 10 Chemist/Toxicologist 11 Ballistics Expert 13 Weapons/Firearms/Explosive Expert 14 Pathologist/Medical Examiner 15 Other Medical Expert 16 Voice/Audio Analyst 17 Hair/Fiber Expert 18 Computer (Hardware/Software/Systems) 19 Paralegal Services		
15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.  Signature of Presiding Judicial Officer or By Order of the Court _____  Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. YES      NO					
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation					
b. Travel Expenses (lodging, parking, meals, mileage, etc.)					
c. Other Expenses					
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS					
TIN: _____ Telephone Number: _____  CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS      Final      Interim      Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____					
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.					
Signature of Attorney: _____ Date: _____					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.  Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____					
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
27. TOTAL AMOUNT APPROVED					
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)					
Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					

**FILED**  
DISTRICT COURT OF GUAM  
OCT 24 2006  
MARY L.M. MORAN  
CLERK OF COURT